

106TH CONGRESS
2D SESSION

S. 3080

To amend the Public Health Service Act to provide for the establishment of a coordinated program to improve preschool oral health.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 20, 2000

Mr. HATCH introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor and Pensions

A BILL

To amend the Public Health Service Act to provide for the establishment of a coordinated program to improve preschool oral health.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Early Childhood Oral
5 Health Improvement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Although tooth decay is largely preventable,
9 effective public health programs that promote pre-
10 vention should include toddlers and preschool chil-

1 dren because tooth decay has been established as an
2 oral disease process in children during toddler and
3 preschooler years.

4 (2) Preschool children may suffer significant
5 dental and oral disease yet many preschool children
6 do not have access to oral health prevention pro-
7 grams. These children can benefit from a public
8 health program that improves access to care and
9 promotes oral health and dental care.

10 (3) Dental decay remains the single most com-
11 mon chronic preventable disease of childhood with
12 the overwhelming majority of decay localized in a
13 minority of children.

14 (4) Vulnerable children have far more dental
15 disease. Thirty percent of preschoolers with family
16 incomes under 133 percent of the official Federal
17 poverty line have visible tooth decay while only 12
18 percent of those preschoolers above this level have
19 such decay. The Head Start program reports that
20 over $\frac{3}{4}$ (76 percent) of children enrolled in the pro-
21 gram needed dental care in 1998.

22 (5) Preschoolers also suffer other oral health
23 problems that could either be prevented or better
24 managed with a focus on preschooler oral health.

1 These include trauma, infections, and developmental
2 problems.

3 (6) The opportunity for prevention through
4 dental visits can be improved. Although currently
5 the number of dental visits by preschool children is
6 increasing, Federal data show that only 1-in-5 (21.5
7 percent) preschoolers in the United States had a
8 dental visit in 1996 (Medical Panel Expenditure
9 Survey of 1996).

10 (7) Children suffer from poor oral health pri-
11 marily because of a lack of education and preven-
12 tion. Minority preschoolers are over 1.5 times more
13 likely to have such a visit than nonminority children
14 (National Health Interview Survey 1996).

15 (8) Early childhood oral education efforts have
16 been used in some States with good success but their
17 application is varied.

18 (9) Dental disease in young children is a sig-
19 nificant public health problem that must be ad-
20 dressed as part of a coordinated, inter-agency strat-
21 egy that will help States and localities reduce this
22 preventable problem.

1 **SEC. 3. COORDINATED PROGRAM TO IMPROVE PEDIATRIC**
2 **ORAL HEALTH.**

3 Part B of the Public Health Service Act (42 U.S.C.
4 243 et seq.) is amended by adding at the end the fol-
5 lowing:

6 **“SEC. 320A. COORDINATED PROGRAM TO IMPROVE PEDI-**
7 **ATRIC ORAL HEALTH.**

8 “(a) IN GENERAL.—The Secretary, acting through
9 the Administrator of the Health Resources and Services
10 Administration, shall establish a program to fund innova-
11 tive oral health activities that improve the oral health of
12 children under 6 years of age who are eligible for services
13 provided under a Federal health program, to increase the
14 utilization of dental services by such children, and to de-
15 crease the incidence of early childhood and baby bottle
16 tooth decay.

17 “(b) GRANTS.—The Secretary shall award grants to
18 or enter into contracts with public or private nonprofit
19 schools of dentistry or accredited dental training institu-
20 tions or programs, community dental programs, and pro-
21 grams operated by the Indian Health Service (including
22 federally recognized Indian tribes that receive medical
23 services from the Indian Health Service, urban Indian
24 health programs funded under title V of the Indian Health
25 Care Improvement Act, and tribes that contract with the
26 Indian Health Service pursuant to the Indian Self-Deter-

1 mination and Education Assistance Act) to enable such
2 schools, institutions, and programs to develop programs
3 of oral health promotion, to increase training of oral
4 health services providers in accordance with State practice
5 laws, or to increase the utilization of dental services by
6 eligible children.

7 “(c) DISTRIBUTION.—In awarding grants under this
8 section, the Secretary shall, to the extent practicable, en-
9 sure an equitable national geographic distribution of the
10 grants, including areas of the United States where the in-
11 cidence of early childhood dental decay is highest.

12 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated to carry out this section,
14 \$10,000,000 for each of fiscal years 2001 through 2003.”.

